

**RATIONALE:**

The District recognizes the important role schools play in supporting children with anaphylaxis, reducing the exposure to allergens, and responding appropriately to an anaphylactic incident. The following procedures provide a comprehensive approach to anaphylaxis care, awareness, education, and management, which is achieved through partnership and collaboration with parents/caregivers, students, schools, the district, public health, and health care providers.

**1. Definitions**

Anaphylaxis is a sudden and serious allergic reaction, which can be fatal, requiring immediate medical emergency procedures be taken.

Signs and symptoms of severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rarer cases can develop hours later. Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from reaction to reaction in the same person.

An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion, or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps in females

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

If a student with anaphylaxis expresses any concern that a reaction might be starting, the student should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the student’s Anaphylactic Student Emergency Procedure Plan. The cause of the reaction can be investigated later.



The most dangerous symptoms of an allergic reaction involve:

- breathing difficulties caused by swelling of the airways; and/or
- a drop in blood pressure indicated by dizziness, light-headedness or feeling faint

Both of these symptoms may lead to death if untreated.

## **2. Responsibility**

2.1 Parents/caregivers of students are responsible for informing the school about their student's potential risk for anaphylaxis and for ensuring the provision of ongoing health support services

2.2 The safety, health and well-being of students is a shared responsibility among parents/caregivers, students, the health care community, school employees and the school district

2.3 School principals have overall responsibility for student safety in school, including:

2.3.1 Implementation of anaphylaxis safety plans in accordance with the requirements of the school district procedures

2.3.2 Ensuring that all school-based staff are trained on how to respond to an anaphylaxis emergency

## **3. Duty to Assist**

Every employee has a duty to render assistance to a student in an emergency situation to the extent that is reasonable for a person(s) without medical training.

## **4. Identifying Students at Risk**

At the time of registration, using the district's Student Registration Form, parents/caregivers are asked to report on their child's life-threatening illness. Information relating to the specific allergies for each identified anaphylactic student will form part of the student's Permanent Student Record, as defined by the Permanent Student Record Order and a medical alert will show on MyEd.

It is the responsibility of the parents/caregivers to:

4.1 notify the school principal when their child is diagnosed as being at risk for anaphylaxis

4.2 complete an **Anaphylactic Student Emergency Procedure Plan**

4.3 complete a **Request for Administration of Medication at School** form

4.4 provide the school with updated medical information at the beginning of each year and whenever there is a significant change related to their child's condition



- 4.5 provide the school with appropriate medication and consult with the school principal about where the medication will be kept. Children at risk of Anaphylaxis who have demonstrated maturity should carry one auto-injector with them at all times and have a back-up auto-injector stored at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their auto-injector(s) will be stored in a designated school location(s). The location(s) of student auto-injectors must be known to all staff members and care.

## **5. Record Keeping – Monitoring and Reporting**

It is the responsibility of the school principal to:

- 5.1 keep the completed **Anaphylactic Student Emergency Procedure Plan** (on file)
- 5.2 speak with the parents/caregivers to encourage the use of medical identifying information (e.g., MedicAlert® bracelet)
- 5.3 ensure those informed of students' Anaphylactic Student Emergency Procedure Plan understand their responsibility to maintain confidentiality of all students personal health information
- 5.4 complete an annual inventory of Anaphylactic Student Emergency Procedures Plans to ensure they are up to date, and medication is not expired
- 5.5 ensure access to auto-injectors is in a central unlocked location

The school Principal or delegate will also monitor and report information about anaphylactic incidents to the board of education in aggregate form (to include number of students with Anaphylaxis and number of anaphylactic incidents) at a frequency and in a form as directed by the Superintendent.

## **6. Training**

It is the responsibility of the school principal to:

- 6.1 ensure that school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool children participating in early learning programs receive training annually in the recognition of severe allergic reaction and the use of single dose, single-use auto injectors and standard emergency plans
- 6.2 ensure training sessions include:
  - 6.2.1 signs and symptoms of anaphylaxis
  - 6.2.2 common allergens
  - 6.2.3 avoidance strategies



- 6.2.4 emergency protocols
- 6.2.5 use of single dose epinephrine auto-injectors; identification of students with anaphylaxis (as outlined in the individual Anaphylactic Student Emergency Procedure Plan)
- 6.2.6 method of communication with and strategies to educate and raise awareness of parents/guardians, students, employees, and volunteers about anaphylaxis management
- 6.2.7 distinction between the needs of younger and older students with anaphylaxis
- 6.2.8 <https://www.allergyaware.ca/>

## **7. Awareness and Prevention**

It is the responsibility of the school principal to:

- 7.1 ensure posters which describe signs and symptoms of anaphylaxis and how to administer single dose, single-use auto-injectors are placed in relevant areas
- 7.2 ensure that all members of the school community including TTOCs, replacement employees, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis, and safety procedures
- 7.3 with the consent of the parents/caregivers, work with the classroom teacher to ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that strategies to promote inclusion are incorporated into this information

Individuals at risk of Anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an "allergy-aware" environment. Special care should be taken to avoid exposure to allergy-causing substances. Parents/caregivers are asked to consult with the teacher before sending in food to classrooms where there are children with food-allergies. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Given that Anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines:

- 7.4 Eat only food which they have brought from home unless it is packaged, clearly labelled, and approved by their parents/caregivers (elementary school)



- 7.5 If eating in a cafeteria, ensure food service staff understand the life-threatening nature of their allergy. When in doubt, avoid the food item in question.
- 7.6 Wash hands before and after eating.
- 7.7 Not share food, utensils, or containers.
- 7.8 Place food on a napkin or parchment paper rather than in direct contact with a desk or table.

## **8. Incident Debriefing**

It is the responsibility of the school principal to provide a debriefing session to review anaphylactic incidents with regard to exposure, response and lessons learned. The debriefing session should minimally include participation by:

- Parent/caregiver
- Student (where appropriate)
- Principal
- Relevant school personnel

An **Anaphylaxis Incident Review Form** will be completed and placed in the student's file and a copy provided to the parents/caregivers.

### **Links to Forms:**

[APF 503 Request for Administration for Medication Form](#)

[APF 504 Anaphylaxis Incident Review Form](#)

[APF 505 Anaphylactic Student Emergency Procedure Plan](#)